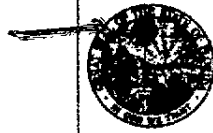


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 739308**

1. Entity Name  
**BEACHGATE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

4115 SE 18TH PL  
CAPE CORAL, FL 33904

Mailing Address

4115 SE 18TH PL  
CAPE CORAL, FL 33904

**DO NOT WRITE IN THIS SPACE**



04182005 No Chg-NP CR2E037 (10/03)

4. FEI Number

**59-1922012**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WALSH, DAVID E  
4115 S E 18TH PL.  
CAPE CORAL, FL 33904

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME SANDSTEAD, WILLARD W  
STREET ADDRESS 4115 SE 18TH PLACE  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE PD  
NAME WALSH, DAVID E  
STREET ADDRESS 4115 SE 18TH PL  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE SD  
NAME SANDSTEAD, AURIEL J  
STREET ADDRESS 4115 S.E. 18TH PL  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE TD  
NAME ANDERSON, RUSSELL C  
STREET ADDRESS 4115 S.E. 18TH PLACE  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE VD  
NAME ALBRECHT, MATHEW L  
STREET ADDRESS 4115 SE 18TH PLACE  
CITY-ST-ZIP CAPE CORAL, FL 339046000

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000320750  
04/21/05-80051-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:**

*David E. Walsh* **DAVID E. WALSH**, 4/18/05, 239-542-7696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #